DOCUMENT RESUME

ED 223 787 CE 033 926

AUTHOR Strelow, Ann C.
TITLE Objectives and Teaching Methods Used in Older Adult Peer Counselor Training.
PUB DATE May 82
NOTE 88p.; Master's thesis, University of Minnesota.
PUB TYPE Dissertations/Theses - Master Theses (042) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Counselor Training; *Older Adults; *Peer Counseling; Program Development; Program Implementation; *Teaching Methods; *Training Methods

ABSTRACT

A research project was conducted to describe the curricula and teaching methods of senior peer counselor training projects in the United States. Senior peer counselor training projects were identified through contacts with state and territorial agencies on aging and with professionals in aging and mental health centers. Project directors were asked to complete a questionnaire rating the amount of emphasis various themes, skills, and attitudes received in their projects. Questionnaires were returned for 18 projects. The results of the study indicate there is general agreement among directors of senior peer counselor training projects about content and teaching methods. The skills most often stressed in the projects were one-to-one counseling, active listening, problem identification, information and referral, advocacy, and assertiveness. Themes agreed on by 67 percent of the projects were general counseling, loss of spouse, information and referral, health education, legal advocacy, consumer counseling, and chemical dependency. Attitudes receiving a strong emphasis in the projects dealt with the appreciation of caring in helping others, valuing the worth and dignity of individuals, respecting the client's right to make the final decision, valuing the role of paraprofessional peer counselors, and maintaining confidentiality. It was concluded that educators training older adults to counsel their aged peers can use the themes, skills, and attitude objectives identified in this study as a basis for developing, conducting, and evaluating their training projects. The teaching methods identified also could be used in peer counseling training programs. (KC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED223787

Objectives and Teaching Methods Used in Older Adult Peer Counselor Training

Adult Education

Plan B Paper

by

Ann C. Strelow

In Partial Fulfillment of
the Requirements for
a Master of Arts
Degree in
Education

University of Minnesota

May 1982

CE033926

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

A Strelow

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Table of Contents

CHAPTER 1. INTRODUCTION 1

CHAPTER 2. LITERATURE REVIEW 10

CHAPTER 3. METHODOLOGY 30

CHAPTER 4. RESULTS 36

CHAPTER 5. SUMMARY AND IMPLICATIONS 54

BIBLIOGRAPHY 64

APPENDICES 69

A. Survey Questionnaire 70

B. Letter to Directors of Projects . . . 77

C. Human Subjects Approval 79

D. List of Projects Included in the Study 81

List of Tables

Table		
1	Respondent Response to the Questionnaire	33
2	Relative Importance of Peer Counselor Training Project Theme Objectives	38
3	Comparison of the Relative Importance of Information and Referral as a Theme and as a Skill	39
4	Peer Counselor Training Projects: Additional Theme Objectives	40
5	Relative Importance of Peer Counselor Training Project Skill Objectives	42
6	Peer Counselor Training Projects: Additional Skill Objectives	43
7	Relative Importance of Peer Counselor Training Project Attitude Objectives	45
8	Peer Counselor Training Projects: Additional Attitude Objectives	46
9	Frequency of Use of Teaching Methods	46
10	Peer Counselor Training Projects: Additional Teaching Methods	48

CHAPTER 1

INTRODUCTION

According to the 1980 census, about 21 percent of the American population is 55 years of age or older. That is approximately 47,244,000 people. This is a significant proportion of the population, and it is projected that it will grow and peak in the early twenty-first century (Blake and Peterson, 1979).

This growth of the older population has implications for all areas of the human and social services. One field that has become aware of these implications is that of mental health. As adults age, they face multiple predictable life crises, which threaten their mental health. Robert Butler, currently Director of the National Institute of Aging, defined mental health for older adults, and noted some of the threats to it in his book, Why Survive: Being Old in America (1975, p. 225):

> What is good mental health in old age? It means the capacity to thrive rather than simply survive . . . There are many ways to be emotionally healthy in old age, but several common themes emerge: the desire to be an active participant, to make one's own decisions, and to share mutual love and respect with others. Healthy older people experience many of the

> same feelings and responses as people of all ages, yet old age has its own unique flavor. The special qualities of late life come from having lived an entire life span with all that this entails, and from facing the issues inherent in old age--time, aging and eventual death. Ultimately this means facing the meaning of one's own life.
>
> Old age has the potential for being an immensely interesting and emotionally satisfying period of life. But this potential is endangered by many forces. Change and loss are predominant themes. Loss of physical health and the death of important persons--spouses, close friends, colleagues, relatives--are occurrences in late life which tend to place enormous stress on human emotions. Crises of all kinds must be met, sometimes one after another, sometimes simultaneously . . .

As Kimmel (1974, p. 454) and others (Blake and Peterson, 1979; Butler and Lewis, 1977; Gatz, Smyer and Lawton, 1980) have noted this calls for ". . . the continued development of innovative in-patient and community-based treatment programs."

One response to meeting the increased needs for mental health programs for older adults has been the development of senior paraprofessional peer counselor training projects. These projects train older adults to counsel their age peers. This notion was suggested as early as 1972 by Pressey and Pressey (1972) and has gained in popularity since then (Butler & Lewis, 1977; Boulton & Dignum-Scott, 1978).

Because this is a relatively new concept, it is necessary to define several terms as they are used in the context of this paper. Counseling is broadly defined as ". . . people who come together to talk about themselves as they can better understand and deal with their own life situations . . . on a one-to-one basis or it can be done in a group . . ." (Garetz, 1976, p. 12).

A peer counselor is ". . . a person who assumes either by choice or conscription the role of a helping person with contemporaries. This definition excludes professional counselors but can be understood to include all paraprofessionals when they function as interpersonal helpers" (Gray and Tindall, 1978, p. iii). Peer counselors are often referred to as paraprofessionals. Paraprofessional means ". . . along side of the professional" and refers to lay workers who have assumed positions in the human services that do not require the extensive education of professionals, and do not involve the same level of responsibility. Butler and Lewis (1977, p. 135) note this implies ". . . a working together rather than working under other staff members."

Senior peer counselors are older adults helping their age contemporaries. For the purposes of this study, "senior" or "older adult", refers to persons age 55 or over. The commonly accepted age of 65 years of age has not

been used because minorities tend to have fewer individuals surviving into their mid-sixties and beyond. In order to reach these populations, one training project at the University of Minnesota lowered its age requirement to 55 (Strelow, Kleinbaum and Buckley, 1981).

Problem and Purpose of the Study

This paper is concerned with the training of senior peer counselors, and projects designed to teach older adults to counsel their age peers. It specifically deals with the content and teaching methodologies of these programs.

Since the 1960s, there has been a growing trend toward the use of paraprofessionals to provide minimal mental health intervention for underserved populations. This movement originated in the Great Society legislation, and the use of indigenous personnel to meet human service needs in poverty-stricken areas. These individuals were called either "new professionals" or "paraprofessionals." Research studies indicated their effectiveness as helpers in general, and specifically as mental health service providers (Carkhuff and Truax, 1965; Durlak, 1979).

In addition to this trend, service providers and gerontologists began to realize that older adults had mental health needs that were not being met by the existing

mental health delivery system. These mental health needs range from having a sympathetic listener who can understand the frustrations of physical aging to grief counseling to suicidal intervention (Butler and Lewis, 1977). Many of the mental health problems of older adults are similar to those of other age groups, but must be understood in the context of aging and its attendant life crises. This awareness led to the recognition that special training is needed to counsel older adults, both on the professional and on the paraprofessional levels.

The whole situation is exacerbated by the lack of training for professional mental health workers in the problems of the aged, the lack of research in the field, and the scarcity of planning for mental health out-patient needs of older adults (Butler and Lewis, 1977; Patterson, 1976). Birren and Renner (1977, p. 1) wrote that, "Within the relevant professions and sciences little has been accomplished in training related to mental health and aging."

The combination of these trends, and the recognition that many older adults have the time, energy and ability to become mental health helpers, led professionals to develop senior peer counselor training programs. These programs were developed and grew independently across the nation, each evolving separately from the others, with

its own foci, materials and methods. Most of these training programs started in the mid-1970s. Three of the most frequently cited programs started at the Oakland Continuum Center in Michigan, the Andrus Gerontology Center at the University of Southern California, and the Older Adult Program at the University of Minnesota.

Because of the newness of the concept of seniors as peer counselors, and the sporatic, independent growth of the training programs, little is known about them. The purpose of this research effort was to describe the curriculum of senior paraprofessional peer counselor training projects. Specifically, this paper will focus on the major themes of training (i.e., general counseling, consumer counseling, chemical dependency, etc.), the counseling skills taught, the attitudes deemed to be important by the instructors, and the instructional methods used in training.

Method

To accomplish the purpose noted above, the investigator developed and sent a survey form (Appendix A) to directors of senior peer counselor training projects. These projects were identified primarily by State Boards on Aging, while some were identified by the investigator and her colleagues on the University of Minnesota Peer

Counseling Training staff. Respondents surveyed also named a number of projects not previously identified.

As a result of the effort, 23 projects were identified. Personnel in 18 of these projects completed and returned the questionnaire. The survey instrument focused primarily on the themes, skills, attitudes and teaching methods of these projects.

Limitations

This study is an initial attempt to identify curriculum and teaching methodologies of senior peer counselor training projects. Because there is no clearinghouse for all senior peer counselor training projects, some may not have been included in the study population. The research has also been hampered by a lack of universally accepted definitions for skills and attitudes taught in counselor education programs, either professional or paraprofessional.

The results of this study give an overview of the issues perceived as significant in the training of senior peer counselors and the teaching methods used. Thus, the results describe the state of the art in terms of these concerns. The study is not evaluative, rather it is descriptive of what is being done at the present time.

Significance of the Study

This study has significance for mental health educators who train or plan to train and use senior peer counselors to extend mental health services to older adults. These educators could include both instructors and/or service providers in educational institutions as well as those in social service agencies in the community. It provides information on what is being taught in existing projects and what teaching methods are being used to teach older adults to be peer counselors.

This study also has implications for educational evaluators. Because the concept of senior peer counselor training is quite new, and still evolving, little has been done in evaluating the training projects, or the peer counselors, and their effectiveness.

Additionally, the study indicates the need for further, more extensive research efforts to gather data on senior peer counselors, what they are learning and what they are doing; who they are and how effective they are in meeting the mental health needs of older adults.

Organization of the Paper

This paper is organized into five chapters. The following chapters present a review of the literature,

the methodology used in conducting the research, the findings of the study, and a summary of the implications of the research.

CHAPTER 2

LITERATURE REVIEW

This literature review deals with five areas: 1) paraprofessional mental health workers, 2) the mental health needs of older adults, 3) senior paraprofessional peer counselors, 4) counseling training, and 5) methods used in teaching counseling. The first two sections on paraprofessional mental health workers and on the mental health needs of older adults are presented as historical background which has influenced the development of senior paraprofessional peer counselor training programs. As noted earlier, this has been a fairly recent development in the human services, and therefore little has been written specifically about the curriculum and teaching methods used. For this reason, pertinent literature in related fields and from clinical settings has been included to examine the kind of training recommended for senior peer counselors in community settings.

Paraprofessional Mental Health Workers

The paraprofessional movement began in the late 1960s, grew in the next decade and continues to be an important

concept in the human services, particularly in mental health. Paraprofessional workers are indigenous personnel, or lay people, who have not received the advanced training required of professionals. Paraprofessional positions do not require the intensive experience of professional education, nor do they involve the greater responsibilities of professional positions.

The basic aim of the paraprofessional movement was to train personnel indigenous to needy populations to provide services that professionals were either unable or unwilling to provide. One of the advantages of paraprofessionals is that they are peers in experience with the clientele they serve, which is not always true of the professional service providers. Paraprofessionals were not intended to replace professionals, but to work with them. The use of paraprofessionals in the human services not only helped meet the needs of underserved populations, but also provided work opportunities for many unemployed, and previously unemployable, individuals (Pearl and Riessman, 1968).

Mental health professionals gradually became aware of the value of paraprofessional counselors, their abilities to extend services to people who would not normally receive services, and their effectiveness in doing so. Gartner and Riessman (1974), in reviewing the paraprofessional

movement, concluded that indigenous personnel, after a brief training period, could provide counseling services effectively in a clinical setting. Carkhuff and Truax (1965) compared mental health patients seen by trained lay hospital personnel to a control group of patients seen by lay workers who had not received any training. The trained lay workers were taught basic counseling skills in a program using an integrated didactic and experiential approach. At the end of three months, the investigators reported that ". . . significant improvement . . . was noted in the behavior of the treatment group when compared to the control group . . ." (p. 430). As a result of this study, they wrote:

> The suggestion is that a specific but relatively brief training program devoid of specific training in psychopathology, personality dynamics or psychotherapy theory can produce relatively effective mental health counselors.

In a review of 42 studies comparing the effectiveness of professional and paraprofessional mental health workers, Durlak (1979, p. 80) concluded that ". . . paraprofessionals achieve clinical outcomes equal to or significantly better than those obtained by professionals." The studies reviewed involved paraprofessionals in limited and carefully defined clinical roles. Only six of the 42 studies cited negative results. It should be noted that the paraprofessionals involved in the 42 studies reviewed

by Carkhuff included nurses, psychiatric aides, community volunteers, college students and adult volunteers.

Because of the lack of longitudinal research in evaluating paraprofessional mental health workers in clinical and community settings, research results can only imply their effectiveness in extending mental health services to underserved populations (Kaufman and Rogawski, 1972; Brown, 1974).

With the growth and acceptance of paraprofessional human service workers, the concept of peer counseling developed as a means to meet mental health needs of underserved populations. Gray and Tindale (1978, p. iii) defined a peer counselor as ". . . a person who assumes by choice or conscription the role of a helping person with contemporaries." Scott and Warner (1974) described the purposes of peer counseling as crisis intervention, information services, assistance with the development of interpersonal and social skills, improvement of decision-making skills, and the provision of friendship. They also noted that the largest number of relevant studies had been done on peer counselors at the college level, and although most of the reports were positive, the long range effects had not been studied.

Mental Health Needs of Older Adults

Older adults are not immune to the various emotional and psychological problems that arise from day-to-day living. Actually, older adults are probably more prone to emotional and psychological disorders because of their age. As adults grow olders, and particularly after the age of 50 or 55 years, they are faced with major life crises, resulting from single or multiple losses in their lives. These losses include the loss of significant others through death or illness, loss of home through relocation or institutionalization, loss of income and role due to retirement, and loss of well-being due to physiological decline. These frequently occur in rapid succession, or concomitantly, and can result in severe emotional strain. In their book, Mental Health and Aging, Butler and Lewis (1977, p. 34) wrote:

> Losses in every aspect of late life compel the elderly to expend enormous amounts of physical and emotional energy in grieving and resolving grief, adapting to the changes that result from loss, and recovering from the stresses inherent in these processes. The elderly are confronted by multiple losses, which may occur simultaneously: death of marital partner, older friends, colleagues, relatives; decline of physical health and coming to personal terms with death; loss of status, prestige, and participation in society; and, for large numbers of the older population, additional burdens of marginal living standards. Inevitable losses of aging and death are compounded by potentially ameliorable cultural devaluation and neglect.

In an article on community geropsychology, Gatz, Hurley and Negel (1977, p. 112) discussed the mental health needs of older adults:

> Cross-sectional statistics suggest at least a four fold increase in signficant mental health or emotional illness, particularly psychotic symptomatology and suicide, in persons over age 65, as compared with younger persons . . .

Yet older adults do not use the community mental health services available to them. In the same article, Gatz and her colleagues note that ". . . persons aged 65 and above constitute 2 percent of the typical caseload of outpatient psychiatric services, 1 percent of admissions to day care services . . ." (1977, p. 112). Citing a study done by Rednick in 1973, Gatz, Smyer and Lawton (1980, p. 6) wrote that

> . . . in 1969, 4% of the patient-care episodes in community mental health centers were with adults 65 years of age or older. This 4% figure is lower than one would expect since older adults comprise over 19% of the general population and epidemiological studies indicate that the prevalency of mental health disorders increases with age.

Older adults, however, do account for nearly one-half of the patient care episodes in state and county mental health hospitals (Gatz et al., 1977). Part of this phenomenon is due to public policy:

> Though tremendous outlays do go toward institutional care of mentally impaired elderly, markedly minimal funds are available for community programs facing mental health problems

> among the more than 20 million persons over 65, outside of institutions. (Cohen, 1980, p. 974)

Patterson (1976) cited three main reasons why older adults do not use community mental health services: 1) a belief that mental health services are not appropriate for their problems, 2) transportation problems, and 3) the cost of services.

Senior Paraprofessional Peer Counselors

Many mental health problems of older adults do not require the extreme measures of professional psychotherapeutic care nor institutionalization. Many of their needs could be met by caring individuals, who could listen, refer and help them to cope with their lives (Butler and Lewis, 1977; Boulton and Dignum-Scott, 1979; Waters et al., 1976).

Several authors (Boulton and Dignum-Scott, 1979; Waters and Fink, 1979; Becker and Zarit, 1978) have suggested that training older adults as peer counselors would be one way to meet the mental health needs of older adults who do not require intensive, or professional, intervention. Pressey and Pressey (1972) noted that retired adults would possibly be most effective in counseling older adults because of their interest in seniors and their common experience of aging.

In discussing older adults as peer counselors, Becker and Zarit (1978, p. 243) wrote:

> It is likely that many older persons have the interpersonal skills and the learning ability necessary for counselor training. Evidence of their potential effectiveness as counselors can also be inferred from the success of the Foster Grandparents Program, which appears to have a positive impact both on the development of institutionalized, handicapped children and on the life adjustment of the older volunteers.

As Boulton and Dignum-Scott (1979, p. 322) suggested, what is needed is training which

> . . . incorporates the basic fundamentals of constructive listening and responding which can afford an individual the sensitivity necessary to aid persons having common and "normal" concerns regarding their lives.

Based on their experience in developing a training program for older adult peer counselors at the Oakland University Continuum Center, Waters, Reiter, White and Dates (1979, p. 224) wrote:

> With proper training and support, para-professional counselors can play a valuable role in meeting the mental health needs of older people. Paraprofessinals are not only less expensive than professionals but also less threatening to many older people who may be wary of seeking psychological help.

Older adults are apparently able to learn appropriate responses to counseling situations. Buckley, Kleinbaum, Johnson, Hendel and Coles (1979) administered pre- and post-training situational response questionnaires to senior peer counselors participating in the University of

Minnesota classroom training program. They found that post-test responses were closer to those given by professional counselors than pre-test results.

However, most of the evidence attesting to the effectiveness of senior peer counselors is anecdotal, provided either by the peer counselors themselves or by professionals working with them. Because of the fragility of a counseling relationship with an older adult, and the reluctance of many professionals and paraprofessionals to use measurement instruments with older adults, it is difficult to measure effectiveness objectively (Morehouse, 1981).

Training for Counseling Older Adults: Professional and Paraprofessional

Professional and paraprofessional training programs for counseling differ in a number of ways. Professionals receive a longer and more extensive education, and are thoroughly trained in psychotherapeutic theory as well as advanced counseling skills. Brown (1974, p. 261) noted that education for professionals tends to be ". . . heterogeneous . . . with little to pull training together . . ." whereas paraprofessional training tends to be ". . . homogeneous in sharp focus on competencies and attitudes needed to facilitate positive change." He also notes that selection for counseling training differs;

professionals tend to be selected on the basis of intellectual capabilities, while paraprofessionals are selected on the basis of personal characteristics such as warmth and genuineness. Paraprofessional training is usually of relatively short duration, ranging from several weeks to two years. Some psychologists and other mental health professionals regard anything less than a master's degree to be paraprofessional training in counseling (Alley and Blanton, 1976).

This section of the literature review will briefly review the content (themes, skills and attitudes), as well as the teaching methods of programs designed to train professional and paraprofessional counselors of older adults. It is assumed that professional training programs would cover issues relevant for paraprofessionals, although the training would be much more extensive and intensive.

Only general descriptions of curriculum and teaching methods used in senior peer counselor training programs appear in the literature. In the literature reviewed, only one article by Waters, Reiter, White and Dates (1979) described generally the curriculum and teaching methods of more than one senior peer counselor training project.

Senior Peer Counselor Training Projects

Three senior peer counselor training projects will be briefly described here: The Oakland Continuum Center in Michigan, the Andrus Gerontology Center and the University of Minnesota.

Oakland

The Oakland Continuum Center project grew out of a personal growth program funded by the National Institute of Mental Health. The participants are older adults chosen by the training staff from clients in the program. The objectives of the program are:

> . . . (1) to reinforce in potential group counselors their already existing qualities of genuineness, empathy and non-possessive warmth; (2) to develop their communication skills; (3) to help them become facilitators who could encourage their clients to think through alternatives; (4) to increase their self-awareness and self-confidence; and (5) to teach principles of group dynamics and effective group leadership skills (Waters and Fink, 1978, p. 62).

Andrus

The Andrus Gerontology Center senior peer counselor training project is a part of a broad range of services provided to older adults in the local community. The Andrus project was started by the National Institute of Mental Health. In addition to training older adults as peer counselors, their project also trains younger adults

to counsel seniors and trains supervisors of peer counselors. Graduate and post-graduate students also participate in this program (Gallagher, 1980). The senior peer counselors are selected from volunteers at the Andrus Center (Waters et al., 1980).

Schwartz and his colleagues at the Andrus Center describe the training objectives of their project in the following manner:

> The specific aims in training peer counselors include . . . the following capabilities for functioning effectively in a counseling and/or therapeutic process:
>
> 1. To become knowledgeable enough about the process of aging so as to be as free as possible from stereotypic and mythological thinking about the behavior and the needs of older persons.
>
> 2. To be able sensitively to evaluate initial contacts with those requesting help so as to provide the most relevant and appropriate response.
>
> 3. To develop skills as a "safe," supportive and understanding listener to those who require and seek a confidante relationship.
>
> 4. To achieve expertise in recognizing extraordinary difficulties or limitations in interpersonal processes with counselors when they occur so as to facilitate additional help by referral when appropriate in a given instance.
>
> 5. To develop competence in keeping meaningful notes and records to the extent necessary for evaluating counseling procedures (Schwartz, Pomeroy, Alpaugh, Hickey, and Berger, 1976).

University of Minnesota

The University of Minnesota senior peer counselor training project was also started by a grant from the National Institute of Mental Health. It is part of the Older Adult Program in Continuing Education and Extension. This project recruits older adults to serve as peer counselors through the media, community human service agencies, and various other means (Strelow et al., 1981).

The objectives of the University of Minnesota project are for senior peer counselors:

1. To become aware of the predictable life crises associated with aging.

2. To learn the possible effects of the life crises which endanger an older adult's state of mental health or well-being.

3. To learn the values of active, non-judgmental listening in helping others help themselves in problem situations.

4. To learn and practice basic listening skills.

5. To protect themselves from over-involvement in the lives of their clients.

6. To be aware of the limitations of a peer counselor's role and the importance of referring clients to appropriate agencies or mental health professionals (Strelow et al., 1981).

Themes in Training Counselors of Older Adults

Schmidt (1976, p. 187) wrote that "counseling of older persons must be based on an understanding of the aging

process and the characteristics of persons in this age group as individuals." The need for counselors to understand the aging process and to appreciate individual differences among older adults has also been noted by Butler and Lewis (1977), Fogelman (1979), and Macione (1979).

Sinick (1979) noted that importance of understanding the concepts of adult development and the attendant life crises in the context of the older age cohorts. These life crises are somewhat predictable for older adults, and have been identified in an earlier section. Because these crises often occur within a short period of time, or even at the same time, the older individual has little, if any, time to recover from one crisis before another occurs. The cumulative effect can threaten the mental wellbeing of an individual, resulting in depression or other psychological disorders, such as chemical dependency, suicide, and withdrawal from society. Several authors have stressed the importance of a counselor understanding the concepts of predictable life crises and the resultant psychological disorders that may occur (Butler and Lewis, 1977; Gatz et al., 1977; Waters et al., 1979).

Professional counselors of older adults receive extensive training in the concepts mentioned above, which are basic to the understanding needed to counsel older

adults. The training for senior peer counselors is less extensive and intensive, relying partially on the life experience of the seniors to provide the understandings needed to counsel.

At this point it should be noted that some senior peer counselor training programs deal with counseling in general as it pertains to older adults; others focus on a particular theme, such as widowhood or chemical dependency (Waters et al., 1979).

Skills Training for Counselors of Older Adults

In writing about the skills needed for counseling, Wolff and Meyer (1979, p. 175) note, "Professional training has focused on developing counselors who can facilitate growth and change in others through the use of human relation and communication skills and modeling behaviors that bespeak openness, caring, self-awareness, and self-confidence." These same skills would be needed by paraprofessional counselors. Paraprofessional training programs are of shorter duration than the professional training programs, and therefore the trainers of paraprofessionals have to rely on already existing, or potential, skills of the trainees (Brown, 1974).

The literature on senior peer counselor training programs shows that most of them use either the Carkhuff

or the Ivey model of training, or combination of these two (Waters et al., 1976; Boulton and Dignum-Scott, 1979; Srelow et al., 1981). The skills emphasized in these models are:

1) attending behavior
2) open questioning
3) paraphrasing
4) reflection of feeling, and
5) summarizing (Boulton and Dignum-Scott, 1979(.

It should be noted that each concept may be called by another name: for example, attending behavior may be referred to as active listening, or reflection of feeling may be called mirroring by different authors. The methods used to teach these skills will be discussed in a later section of this paper.

In addition to counseling skills, paraprofessional peer counselors also need skills noted by Scott and Warner (1974) to accomplish crisis intervention, providing information services, assisting with the development of interpersonal and social skills, improving decision-making skills and providing friendship. Some peer counselor programs have trained senior peer counselors to provide information to clients and refer them to appropriate sources. Other programs have taught peer counselors to act as advocates for their clients, helping them with governmental offices, through bureaucratic procedures and so forth (Waters et al., 1979; Morehouse, 1980).

Attitudes Needed for Counseling Older Adults

It is difficult to separate the issue of attitudes from the concepts taught, because instructors hope that learning will result in new appreciations and attitudes. As stated earlier, two of the primary attitudes in gero-counseling, or counseling older adults, are the appreciation of older adults as individuals and the avoidance of agism, or stereotyping all older people (Bulter and Lewis, 1977). Sinick (1979) also mentioned the understanding and appreciation of the basic concepts of adult development and life crises.

Attitudes related to counseling also involve the Rogerian qualities of empathy, warmth and genuineness (Ivey, 1971; Gasda, 1973; Carkhuff and Truax, 1965). These qualities could also be considered personal characteristics. Waters and her colleagues (1979) and the University of Minnesota project staff (Strelow et al., 1981) use them as criteria in the selection of senior peer counselors.

Methods of Teaching Counseling for Older Adults

Both professional and paraprofessional counselor training programs tend to follow adult education methodologies, using a variety of didactic and experiential techniques (Pearl and Riessman, 1965; Ivey, 1971; Carkhuff,

1974). Lectures, group discussions, audio-visual materials, written homework and reading assignments are used to convey information about older adults and the counseling skills and attitudes. Experiential modes are used for skill and attitude development. Specifically, these include sensitivity training, role playing, and role modeling (Waters et al., 1979; Wolff, 1979; Strelow et al., 1981).

For skill development, many counselor training programs rely on Ivey's concept of micro-counseling. This provides counselors in training the opportunity to ". . . obtain a liberal amount of practice without endangering or offending clients . . . its principal aim is to provide experiences which serve as a bridge between classroom or textbook theory and actual practice in interviewing and counseling." (Ivey, 1978, p. 8).

The Ivey model, also known as either micro-counseling or micro-training, is a method of teaching behavioral skills through:

1) development and mastering one skill at a time
2) self observation, usually via video tape
3) evaluation by a supervisor or instructor
4) use of video models for imitative learning, and
5) practice of skills in life like settings, under supervision (Ivey and Authier, 1978; Boyd, 1978).

The Oakland senior peer counselor training program uses

the Carkhuff model, which also provides for gradual skill development, and critiquing of student performance (Waters et al., 1979). The Carkhuff model of training counselors stresses the potential helper's, or trainee's, level of personal integration. It is based on the concept that self-exploration results in greater awareness of oneself, enabling a person to help oneself or another more effectively. This model of training concentrates on:

1) teaching discrimination between high and low levels of helping behavior.

2) gradual development of helping skills to a helpful level through observing models and role-playing.

3) training in developing courses of action in a supervised experience (Carkhuff, 1969; Boyd, 1978).

A combination of the Carkhuff and Ivey models is used by the University of Minnesota project (Strelow et al., 1981).

Summary

The use of paraprofessionals, specifically lay mental health counselors, has grown in the last two decades. One area of very recent growth and interest has been the development of senior peer counselors, older adults who counsel their age peers, helping them cope with the multiple, predictable life crises associated with aging. Projects to train senior peer counselors have developed

The use of paraprofessionals, specifically lay mental health counselors, has grown in the last two decades. One area of very recent growth and interest has been the development of senior peer counselors, older adults who counsel their age peers, helping them cope with the multiple, predictable life crises associated with aging. Projects to train senior peer counselors have developed independently across the country. Little appears in the literature about the curriculum of these projects, and the teaching methodologies used.

CHAPTER 3

METHODOLOGY

This chapter includes five sections which describe the methods used in conducting this study. The sections include information on project identification, questionnaire development, data collection, data analysis, and limitations of the methods used.

Project Identification and Selection

The subjects in this study (i.e., directors of senior peer counselor training programs) were identified by contacting all 57 state and territorial offices on aging in the United States. The executive directors of these agencies (or their equivalents) were sent a letter, identifying the investigator and describing the research project (Appendix B). The population for this study was defined as all programs that have been developed to train older adults, or seniors as peer counselors. Programs, or projects, in the United States meeting the following criteria were judged as appropriate for the study:

1) Projects that were currently functioning or had been.

2) Projects that were specifically preparing older adults as peer counselors.

State agency directors were asked to complete a self-addressed, stamped postcard with the name, address, and phone number of the director(s) of all senior peer counselor training projects in their states. This letter was sent in January 1980, and 28 responses were received. In June 1980, another letter and postcard were sent, eliciting another five responses. Another reminder was sent in November 1980, but no more responses were received.

In addition to the method described above, five projects were identified by other means. These included:

1) contact with a professional colleague (1 project),
2) reading relevant professional literature (2 projects), and
3) a questionnaire item asking subjects to identify other projects they were aware of (2 projects).

As a result of these various methods, 38 possible projects were identified.

Questionnaire Development

The questionnaire was developed by the investigator, and was revised with the assistance of faculty members in Extension Counseling and Adult Education. Sources of the

questionnaire items included:

1) A review of the literature on peer counseling for seniors and other age groups.
2) A review of peer counseling training materials developed for several age groups, including older adults.
3) The responses from the state and territorial offices on aging, identifying senior peer counselor training projects, which revealed a range of specific themes in training.
4) The investigator's experience in working on the University of Minnesota Peer Counselor Training Project, and with the development of the curriculum for that project.

The questionnaire was divided into two major sections for the purposes of this study: the first dealt with the curriculum content of the training programs (i.e., themes, skills and attitudes), and the second section dealt with the teaching methods used. In the first section, participants were asked to rate the degree of emphasis that particular themes, skills and attitudes received in their training programs. Items were rated on a scale of 1 (strong emphasis) to 5 (no emphasis). In the methods section, participants were asked to determine the percentage of time various teaching methods were used in their programs.

Three versions of the questionnaire were reviewed with a faculty member in Adult Education for content and face validity. No other tests of validity or reliability were conducted. A completed version of the questionnaire is found in Appendix A. The proposed questionnaire and data collection process were approved by the University's Committee on Human Subjects in Research (Appendix C).

To be certain the projects met the minimum criteria noted in the previous section, items pertaining to them were included in the questionnaire.

Data Collection

In January 1981, questionnaires were sent to the directors of the 38 programs identified as senior peer counselor training projects, with a letter of explanation, asking that they be returned by February 12, 1981. A self-addressed stamped envelope was included. Fifteen projects directors responded that they did not train seniors as peer counselors, leaving 23 projects. Table 1 is a description of the responses from the directors of these 23 projects to the original and a follow-up mail request. The investigator called all non-respondents in March 1981, but no additional questionnaires were returned as a result. Questionnaires were returned by 18 project directors, and these projects were judged as

appropriate for the study, that is, they were either currently, or had been, training projects specifically preparing older adults as peer counselors. Appendix D is a list of the projects included in this study.

Table 1

Respondent Response to the Questionnaire

	N	Percent
Number of projects included in study	23	100
Returned questionnaire	18	78
Responded to initial letter	16	70
Responded to follow-up letter	2	9
Responded to telephone call	0	0
Did not return questionnaire	4	17
*Unknown	1	4

*One agency had experienced personnel turnover, and knowledgeable staff could not be identified.

Data Analysis

Data from the 18 projects were tabulated by hand according to the following areas:

1) Themes
2) Skills
3) Attitudes
4) Teaching methods.

The mean, frequency, percentage and range of responses were determined for the three content areas. The number of projects using each teaching method was determined and the frequency of the use was reported for each item. The range of responses was also determined. Open-ended responses were tabulated and included in the results reported in this study.

Limitations

Several limitations of this study effort should be noted. These include:

1) Definition of terms. While the investigator used terms common to education, psychology and the human services, there is no assurance that the same meanings were used by the investigator and the participants.
2) Willingness of others. In all phases of this study, the investigator relied on the willingness

of others to take the time to fill out the project identification postcard, and to complete the questionnaire. It is quite likely that some projects were not identified, because individuals were either unable to do so, or unwilling to take the time to complete the form.

3) Completeness. It is possible that projects were not included in this project because they were not known, and thus, not reported. Three projects were identified by means other than the contacts with state aging agency personnel.

4) Investigator Bias. Because of her familiarity with one of the projects studied, the investigator's perception of the curriculum content and the teaching methods appropriate for a senior peer counselor training project could be biased in spite of attempts to maintain an objective perspective.

CHAPTER 4

RESULTS

This chapter contains the results of the survey of the 18 identified senior peer counselor training projects. It specifically deals with the themes, skills, attitudes and teaching methods of these projects.

The questionnaire (Appendix A) was divided into four sections. In the first three parts, respondents were asked to rate on a scale of 1 (strong emphasis) to 5 (no emphasis) how much emphasis specific themes, skills and attitudes received in their training projects. The means, ranges, frequencies and percentages of frequency were calculated for each of these sections. The specific themes, skills and attitudes are listed in rank order--which was determined by the numerical value of the mean--reflecting the amount of emphasis items received in the responding training projects. Respondents were asked to add any additional themes, skills or attitudes that were not included in the questionnaire. These are reported with the frequencies and percentages of frequency.

The fourth section of the questionnaire dealt with teaching methods used in the training projects. The

respondents were asked to estimate the percentage of time various specific teaching methods were used in their projects. Frequency, percentage of frequency and range were calculated for these items. Respondents were also asked to add teaching methods they used that were not included in the questionnaire.

Themes in Peer Counselor Training

Theme objectives are the issues or concepts which were considered important by the directors of senior peer counselor training projects, and which were included as a part of their training. Table 2 shows the relative importance of the themes as indicated by the responding training directors. As might be expected, "general counseling" had the highest mean value (1.72) and the greatest frequency (N=17, 94 percent), but even so, it had a range of "no emphasis" to "strong emphasis." "Loss of spouse", one of the most common problems of older adults, was second, with a mean value of 2.67, or nearly moderate emphasis, and had a frequency of 14 of 18, or 78 percent.

Of the eight themes listed in the questionnaire, only one, "nutrition education," was included as part of the training programs by fewer than one-half of the respondents. "Nutrition education" had the lowest mean value (4.22), with a frequency of eight of 18, or 44 percent.

Table 2

Relative Importance of Peer Counselor Training Project Them Objectives (N=18)

Rank Order	Theme	Mean	Range	Frequency	%
1	General Counseling	1.72	1-5	17	94
2	Loss of Spouse	2.67	1-5	14	78
3	Information & Referral[a]	2.72	1-5	16	89
4	Health Education	3.10	1-5	14	78
5	Legal Advocacy	3.78	1-5	13	72
6	Consumer Counseling	3.94	1-5	12	67
7	Chemical Dependency	3.94	3-5	16	89
8	Nutrition Education	4.22	1-5	8	44

[a]This item had a mean of 2.4 in the skills sections of the study.

It is interesting to note that "chemical dependency," which is becomining recognized as a problem for many older adults (Butler and Lewis, 1977), had a mean value toward the lower end of the scale, 3.94, reflecting a low emphasis, but had a frequency of 16, or 89 percent. Chemical dependency was the only one of the eight themes that received a range of rating from 3 (moderate emphasis) to 5 (no emphasis).

There was considerable variation in the amount of emphasis the eight themes listed in the questionnaire received: "general counseling" had a mean of 1.72 and "nutrition education" had a mean of 4.22. The frequency of use also varied widely, from eight (44 percent) to 17 (94 percent). Seven of the eight themes were reported as receiving at least "moderate emphasis" (a rating of 3.00) by 12 (67 percent) or more of the respondents.

"Information and referral" was the only item that was duplicated in the questionnaire, appearing in both the themes and skills sections. Table 3 presents the results of the ratings of this item as both a theme and as a skill. While included in at least 89 percent of the projects, it was judged as having only a nearly "moderate" emphasis in these programs.

Table 3

Comparison of the Relative Importance of Information and Referral as a Theme and as a Skill (N=18)

	Mean	Range	Frequency	%
Theme	2.72	1-5	16	89
Skill	2.40	1-5	17	94

Respondents were asked to identify additional themes included in their programs. Table 4 shows these additional themes, their frequencies and percentages of frequency. Nine themes or concepts were reported with a frequency of either one (6 percent) or two (11 percent). Some of these items could possibly be combined, such as life enrichment and personal growth, however, they are reported as listed by the respondents.

Table 4

Peer Counselor Training Projects:
Additional Theme Objectives
(N=18)

Theme	Frequency	%
Aging Process	2	11
Communication	2	11
Feelings	1	6
Life Enrichment	1	6
Personal Growth	1	6
Values	1	6
Legislation, Public Benefits	1	6
Teaching Methods	1	6

Skills in Peer Counselor Training

Skills objectives are the desired psycho-motor behaviors included in senior peer counselor training projects. Table 5 shows the relative importance of the skill objectives as indicated by the responding project directors. "One-to-one counseling" had the highest mean value (1.39) with a range of one ("strong emphasis") to four ("low emphasis"), and a frequency of 18 (100 percent). The top three skill objectives, "one-to-one counseling," "active listening," and "problem identification", all had frequencies of 18, or 100 percent. "Problem identification" ranked third with a mean of 2.00, and was the only skill objective that had a range of 1 ("strong emphasis") to 3 ("moderate emphasis"). The other skills objectives had ranges of either 1-4 (N=2) or 1-5 (N=6). Assertiveness was ranked as sixth with a mean value of 2.83 ("moderate emphasis"), and a range of 1-5, yet it had a frequency of 17 (94 percent). All of the skill objectives received some attention in over half of the respondent projects; the lowest frequency was 11 (61 percent).

Nine skill objectives were added by respondents. These are listed in Table 6. Each of the items was noted by only one respondent (6 percent). Again, the exact words of the respondents were used, and in some cases, the meaning of the term as a skill may be unclear (i.e., indefatiguability).

Table 5

Relative Importance of Peer Counselor Training Project Skill Objectives (N=18)

Rank Order	Skill Objective	Mean	Range	Frequency	%
1	One-to-One Counseling	1.39	1-4	18	100
2	Active Listening	1.56	1-4	18	100
3	Problem Identification	2.00	1-3	18	100
4	Information & Referral[a]	2.40	1-5	17	94
5	Advocacy	2.67	1-5	16	89
6	Assertiveness	2.83	1-5	17	94
7	Telephone Counseling	3.28	1-5	14	77
8	Direct Guidance	3.67	1-5	13	72
9	Small Group Counseling	3.72	1-5	11	61

[a]This item had a mean of 2.72 in the themes section of the study.

Table 6

Peer Counselor Training Projects:
Additional Skill Objectives
(N=18)

Skill Objective	Frequency	%
Dealing with Demented Relatives	1	6
Nonverbals	1	6
Communication	1	6
Negotiating	1	6
Indefatiguability	1	6
Personal Coping	1	6
Groups Involvement	1	6
Crisis Intervention	1	6

Attitudes

Attitude objectives are appreciations or values that directors of senior peer counselor training projects considered desirable for peer counselors to have or acquire as a result of their training. Table 7 shows the relative importance of the attitudes listed in the questionnaire. The objective, "To appreciate the importance of caring in helping others," was the only item in the questionnaire with a range of 1-2 ("strong" emphasis), and had the highest mean value of all items, 1.17. Three of the seven attitude objectives had a frequency of 18 (100 percent). All seven were noted by at least 15 of the respondents (83 percent), and six of the seven received at least some emphasis by 17 (94 percent) of the projects.

Three attitude objectives were added by the respondents. Each was reported once. These are listed, as mentioned by the respondents, in Table 9.

Teaching Methods

Respondents to the questionnaire were asked to estimate the percentage of time each of 11 teaching methods was used in their peer counselor training projects. Table 9 shows the rank order of these methods, the frequencies, percentages of frequency and ranges.

Table 7

Relative Importance of Peer Counselor Training Project Attitude Objectives (N=18)

Rank Order	Attitude Objective	Mean	Range	Frequency	%
1	To appreciate the importance of caring in helping others.	1.17	1-2	18	100
2	To value the worth and dignity of individuals.	1.33	1-3	18	100
3	To respect the client's right to make the final decision in counseling	1.44	1-5	17	94
4	To appreciate the value of para-professional peer counselors.	1.50	1-3	18	100
5	To appreciate confidentiality.	1.72	1-5	17	94
6	To appreciate the amount of power a peer counselor has in a counseling relationship.	2.33	1-5	17	94
7	To value the concept of teamwork in helping clients.	2.44	1-5	15	83

Table 8

Peer Counselor Training Projects:
Additional Attitude Objectives
(N=18)

Attitude Objective	Frequency	%
Individual differences	1	6
Peer counselor's self-worth	1	6
Attending to feelings	1	6

Table 9

Frequency of Use of Teaching Methods
(N=18)

Rank Order	Method	Frequency	%	Range
1	Lecture	15	83	0-75
2	Role-playing	13	72	0-30
3	Small group discussion	13	72	0-65
4	Assigned reading	11	61	0-40
5	Observe and model professionals	10	56	0-20
6	Large group discussion	10	56	0-15
7	Audiovisual resources	10	56	0-20
8	Practicum	7	39	0-25
9	Observe and model peers	7	39	0-25
10	Written assignments	6	33	0-10
11	Cable television	1	6	0-23

Note: One project respondent did not fill out this section, but stated that all the methods were used and integrated, except for observing and modeling peers, and cable television.
Percentage of response is based on N=18, as with the other sections of the study.

None of the teaching methods was used by all respondents. The frequency of use ranged from 15 for lecture (83 percent) to 1 for cable television (6 percent). Also, none of the teaching methods was used exclusively (or 100 percent of the time) by any one project. When used, the methods listed in the questionnaire were utilized between ten percent and 75 percent of the time.

Lecture was used most, with a frequency of 15 (83 percent), and a range of 0-75 percent. Role-playing and small group discussion were both used by 13 (72 percent) of the respondents, although their ranges were dissimilar, 0-30 percent and 0-60 percent respectively. Seven of the eleven methods were used to some extent by over half of the respondents. The practicum, or closely supervised counseling experience, a method advocated frequently in counseling education (Ivey and Authier, 1978; Gatz, Hurley and Nagel, 1977), was used by only seven (39 percent) of the respondents. Of the methods used by over half of the respondents, three are primarily didactic: lecture, assigned reading and audiovisual resources, and four are primarily experiential: role-playing, small group discussion, observing and modeling professionals, and large group discussion. Cable television as a teaching method was used by only one respondent, who used it 23 percent of the time.

Table 10 shows the additional teaching methods noted by the respondents. All five methods were noted by one project, each with three of them being used 5 percent of the time: conferences and workshops, many small group exercises, and demonstrations. Video lab and feedback was used 10 percent of the time, and group projects were used 60 percent of the time. As with other sections of the study, the additional items noted by the respondents might well fit under the items noted in the questionnaire; for example, small group exercises and small group discussions could be very similar.

Table 10

Peer Counselor Training Projects
Additional Teaching Methods
(N=18)

Teaching Method	Frequency	%	Percent of Time Used
Group projects	1	6	60
Video lab and feedback	1	6	10
Conferences and workshops	1	6	5
Small group exercises	1	6	5
Demonstrations	1	6	5

Conclusions

Themes, Skills, and Attitudes

Generally, the 18 respondents agreed on the importance of the themes, skills, and attitudes, as indicated by the mean ratings given the questionnaire items. Respondents rated specific items in each category on a scale of 1 ("strong emphasis") to 5 ("no emphasis").

There was greatest agreement among the participants on the relative value of the attitude objectives, which had a range of 1.17-2.44 ("strong emphasis" to "moderate emphasis"). The next section with the greatest agreement was that of the skills, which had a range of means from 1.39 to 3.72 ("strong emphasis" to "low emphasis"). The themes section ranked lowest in terms of agreement among the respondents, with a range of means from 1.72 to 4.22 ("strong emphasis" to "low emphasis").

As noted, there was least agreement among the respondents regarding the theme objectives of a senior peer counselor training curriculum. Of the eight themes listed in the questionnaire, seven were emphasized to some extent by 12 (67 percent) of the projects. Eight additional themes were added by respondents, some of which could have been included in the themes listed in the questionnaire. Three of the themes in the questionnaire had a mean score of 3 ("moderate emphasis") or above: "general counseling", "loss of spouse", and "information

and referral". The mean emphasis value of the themes ranged from 1.72 ("strong emphasis") for "general counseling" to 4.22 ("low emphasis") for "nutrition education". Seven of the eight themes noted were rated with a full range of emphasis from 1 to 5. The only exception to this was "chemical dependency", which had a range of 3 ("moderate emphasis") to 5 ("no emphasis"); yet this topic was included in 16 of the 18 projects (89 percent).

Following values, respondents next agreed on emphasis given the skills listed in the questionnaire. Of the nine skills listed in the questionnaire, eight were emphasized to some extent by 13 of the respondents (72 percent). Nine additional skills were noted by respondents, with each being mentioned once, some of which could have been included in this listed in the questionnaire. Six of the nine skills received a mean rating of 3 ("moderate emphasis") or above: "one-to-one counseling", "active listening", "problem identification", "Information and referral", "advocacy", and "assertiveness". The mean emphasis value of the skills listed in the questionnaire ranged from 1.39 ("strong") for "one-to-one counseling" to 3.72 ("low") for "small group counseling". Three of the skills noted in the questionnaire were stressed to some extent by all 18 of the respondents: "One-to-one

counseling", "active listening", and "problem identification", with ranges of emphasis from strong to low for the first two and strong to moderate for the third.

There was the most agreement among the respondents on the attitudes taught in their projects. All seven of the attitude objectives in the questionnaire received some emphasis in 15 of the 18 projects (83 percent). Only three additional attitudes were mentioned by the respondents, with each one being mentioned only once. Five of the attitudes received a mean value above 2 ("strong emphasis"): appreciating the importance of caring in helping others; valuing the worth and dignity of individuals; respecting the client's right to make the final decision in counseling; appreciating the value of paraprofessional peer counselings; and appreciating confidentiality. The other two attitudes listed received mean emphasis values between 2 ("moderately strong emphasis") and 3 ("moderate emphasis"); they dealt with appreciating the amount of power a peer counselor has in a counseling relationship and valuing the concept of teamwork in helping clients. The mean emphasis value of the attitudes listed in the questionnaire ranged from 1.17 ("strong emphasis") to 2.44 ("moderate emphasis").

The range of mean ratings was much narrower for the attitudes section than it was for either the themes or

the skills sections. This could indicate either a greater consensus among the respondents or reflect the way the attitudes were stated in contrast to the way the other two sections were listed in the questionnaire. The attitudes were listed as general statements of value, whereas the skills and themes were listed as specific topics.

These results indicate there is some general agreement among directors of senior peer counselor training projects about the themes, skills and attitudes included in their projects. This consensus regarding training project content is noteworthy in view of the independent development of the projects throughout the nation.

Teaching Methods

A wide range of teaching methods was used in senior peer counselor training projects. The lecture method was the most common method among the respondents, being used by 15 of the projects (83 percent). It was also used up to 75 percent of the time in one project, which was the highest percentage of time a method was reported as being used. Thirteen respondents reported using both roleplaying and small group discussion in their training projects. A practicum experience was reported by only seven (39 percent) of the respondents. Cable television, a fairly recent development in educational methods, was used by one

project (6 percent); it was, however, used 23 percent of the time by that project. The ranges of percentage of time teaching methods were used varied considerably, with eight of the 11 methods listed in the questionnaire being used 30 percent of the time or less. This would indicate that project directors tend to use a variety of teaching methods. The results also indicate that projects tend to use both experiential and didactic methods to train older adults as peer counselors, with the lecture method most commonly used.

CHAPTER 5

SUMMARY AND IMPLICATIONS

The purpose of this research project was to describe the curricula and teaching methodologies of senior peer counselor training projects in the United States. This chapter will summarize the results of the study's findings, discuss the conclusions that can be drawn from these results, and provide some implications for educators of peer counselors, educational evaluators and educational researchers.

Summary of the Study

Senior peer counselor training projects were identified through contacts with state and territorial agencies on aging and with professionals in aging and mental health. Project directors were asked to complete a questionnaire, rating the amount of emphasis various themes, skills and attitudes received in their training projects on a scale of 1 ("strong emphasis") to 5 ("no emphasis"). Seventeen project directors responded by completing the survey questionnaire. One project director reported for two separate projects, bringing the

number of projects in this study to 18.

Conclusions and Discussion

The results of the study indicate there is some general agreement among directors of senior peer counselor training projects about content and teaching methods.

1) There was greatest agreement among respondents about the attitudes emphasized in their training projects.

The attitudes section had the narrowest range of mean emphasis ratings, ranging from 1.17 ("strong emphasis") to 2.44 ("moderate emphasis"). All seven skills noted in the questionnaire received some emphasis in 15 of the 18 projects (83 percent). The five attitudes receiving a mean emphasis rating above 2 ("moderately strong emphasis") dealt with the appreciation of caring in helping others, valuing the worth and dignity of individuals, respecting the client's right to make the final decision in counseling, valuing the role of paraprofessional peer counselors, and appreciating confidentiality.

This amount of agreement among respondents could indicate either a greater consensus about what attitudes are important in teaching older adults to be peer counselors, or could reflect the general nature of the way

the attitudes were stated in contrast to the relative specificity of the themes and skills. The attitudes, as written, are also values, which would be quite desirable for any counseling training project to have.

2) There was greater agreement among respondents about the skills emphasized in their projects than about the themes.

The skills section had a range of mean emphasis ratings from 1.39 ("strong emphasis") to 3.72 ("low emphasis"). Eight of the nine skills in the questionnaire received some emphasis by 13 of the respondents (72 percent). Six were rated as receiving an emphasis value of 3 ("moderate emphasis"), or above; they were:

a. One-to-one counseling
b. Active listening
c. Problem identification
d. Information and referral
e. Advocacy, and
f. Assertiveness.

The first three listed above were used by all 18 projects (100 percent) and had ratings of 2 ("strong emphasis") or above.

The degree of agreement among respondents regarding skill objectives indicates a fair amount of consensus. The first three skills noted are generally accepted counseling skills, and would be part of most counseling training for any age group. The skills receiving less emphasis are not traditionally regarded as counseling

(i.e. "assertiveness", "advocacy", and "direct guidance").

The skills receiving less than a mean emphasis rating of 2 ("strong emphasis") were "information and referral", "advocacy", "assertiveness", "telephone counseling", "direct guidance", and "small group counseling".

3) There was some agreement among the respondents about the theme objectives, although less than for either the attitude or skill sections.

The themes section had the widest range of mean emphasis ratings from 1.72 ("moderately strong") to 4.22 ("low"). Of the eight themes listed, seven were emphasized by 12 (67 percent) of the projects; they were:

a. General counseling
b. Loss of spouse
c. Information and referral
d. Health education
e. Legal advocacy
f. Consumer counseling, and
g. Chemical dependency.

The only theme not included in the above list was "nutrition education", which was emphasized by only eight of the 18 projects (44 percent).

The items included in the themes section were possibly more specific and less open to various interpretations, than those related to attitudes and skills. This may account, in part, for the wider range of ratings. It

may also indicate that at least some projects tend to specialize, or concentrate their training on a particular issue, such as "nutrition education". Nonetheless, there was some agreement among the respondents on the emphasis of the theme objectives.

4) A variety of teaching methods is used in training older adults to be peer counselors.

The respondents noted that a wide variety of teaching methods were used in their training projects, both didactic and experiential. Only two methods noted in the questionnaire were used more than one-half of the time by any one project--"lecture", with a range of 0-75 percent, and "small group discussion", with a range of 0-65 percent. The other methods were noted as being used a maximum of 40 percent of the time. Only three methods were used by more than 70 percent of the respondents: "lecture", "role-playing", and "small group discussion". None of the teaching methods was used exclusively (or 100 percent of the time) by any one project. When used, the methods in the questionnaire were utilized between ten percent and 75 percent of the time. The wide spread of respondents among the specific teaching methods tends to indicate that a variety of methods is used by most training project directors.

The use of both didactic and experiential teaching methods does reflect general counseling training practices. It is surprising however, that a "practicum" experience was only noted by seven respondents (39 percent), as this is considered a crucial part of counselor training (Boyd, 1978; Waters et al., 1979).

Implications

Educators of Peer Counselors

Educators training older adults to counsel their age peers can use the theme, skill, and attitude objectives identified in this study as a basis for developing, conducting and evaluating their training projects. The agreement of more than 12 of the 18 respondents (67 percent) on seven of the eight themes, on eight of nine skill objectives, and on all seven attitudes suggests their appropriateness for being included in senior peer counselor training projects. As indicated previously, there is a need for more precise definition of terms. This could result in a more precise definition of objectives which would lead to greater standardization of a curriculum for training senior peer counselors.

Trainers involved in senior peer counselor training projects can consider the variety of methodologies noted in this study, and decide which ones to use, depending on

the human, technical and financial resources available to their institution or agency.

Both the curriculum and methodology sections could be used by educators who want to conduct training for paraprofessional counselors to serve other age groups or special audiences.

Educational Evaluators

The concept of senior peer counseling and the development of training programs for seniors are both recent developments in education and the human services. Because of this, few evaluation studies have been conducted.

There are several evaluation issues that need to be considered. These include:

1) The development of a valid and reliable instrument to evaluate the effectiveness of senior peer counselors in providing mental health services.
2) A study of the match between what senior peer counselors are taught and what they actually need to know once they start practicing.
3) An evaluation of the methods used for training senior peer counselors.
4) An evaluation of the learning acquired from senior peer counseling training programs.

Educational Researchers

This was a descriptive study. More descriptive research needs to be done on what senior peer counselor training projects include in their training. For example, research needs to be done on what is actually meant by the concepts used. This study assumed that the terms meant the same thing to each respondent. Clearer definitions of the concepts would assist future educational planners in developing training projects. Another area that needs to be researched is the materials used. Educational planners would then know what written, audiovisual and other resources had been used and with what results.

Thus far, training programs have primarily been developed on the basis of what professionals perceived to be important for senior peer counselors to know. Educational research could discover what senior peer counselor programs should include from the point of view of mental health providers, human service professionals and senior peer counselors. An additional component of such research could include what the older adult in need of help would want a peer counselor to know and to be able to do. This research would need to be sensitive to the fragility of the older client, and their willingness or reluctance to discuss personal matters.

Educational research could also be directed toward the professional in the human services. As noted earlier, peer professionals are paraprofessionals, which means "along side professionals". It is important for professionals working with senior peer counselors to know what special skills and knowledge are needed for them to work effectively with paraprofessionals.

Another line of research could be directed toward determining what educational background and personal qualities make the most effective senior peer counselors. This would have implications for the selection of older adults to participate in senior peer counselor training programs.

Research also needs to be done on the effectiveness of training and its necessity, or lack of necessity. The question would be: If carefully selected, but untrained, individuals are given responsibilities of senior peer counselors, are they able to perform as well as trained peer counselors?

Comparative research could look at peer counselor training for other special audiences, and determine which skills, values and content areas are similar. This could result in the development of some standardized curriculum materials for paraprofessional peer counselor training projects.

A Concluding Note

As has been noted several times throughout the text of this report, this was an initial attempt to describe the curriculum and teaching methods of senior peer counselor training projects. Although limited by a lack of precise definition of objectives and by the problem of reaching a relatively small number of senior peer counselor training project directors, this study does indicate some consensus among them in terms of training objectives and teaching methods. The results of this study indicate the need for more research. Such research could help concerned individuals and agencies better meet the mental health needs of older adults.

BIBLIOGRAPHY

Alley, S. & Blanton, J. A study of paraprofessionals in mental health. Community Mental Health Journal, 1976 18 (2), 151-160.

Alley, S., Blanton, J., & Feldman, R. Current status of paraprofessional use in mental health. San Rafael, California: Social Action Research Center, 1979.

Bartels, B. & Tyler, J. Paraprofessionals in the community mental health center. Professional Psychology, 1979, 6 (4), 442-452.

Becker, F. & Zarit, S. Training older adults as peer counselors. Educational Gerontology, 1978, 3 241-250.

Birren, J. & Renner, V. Notes on the history of training in mental health and aging. In Issues in Mental Health and Aging, Volume III, Training. Proceedings of Conference on Training Programs in Mental Health and Aging, April 28-29, 1976. Bethesda: National Institute of Mental Health, 1979.

Blake, R. & Peterson, D. Demographic aspects of aging. Implications for counseling. In M.L. Ganikos (ed.), Counseling the aged: A training syllabus for educators. Washington, D.C.: American Personnel and Guidance Association, 1979.

Blau, T. The professional in the community views the non-professional helper: Paychology. Professional Psychology, 1969, 1, 25-31.

Boulton, C. & Dignum-Scott, J. Peer group advocacy counseling for the elderly: A conceptual model. Journal of Gerontological Social Work, 1979, 1, (4) 231-328.

Boyd, J. Counselor supervision: Approaches, preparation, practices. Muncie, Indiana: Accelerated Development, Inc., 1978.

Brown, W. Effectiveness of paraprofessionals: The evidence. Personnel and Guidance Journal, 1974, 53 (4), 257-264.

Buckley, K., Kleinbaum, J., Johnson, R., Hendel, D., & Coles, E. "The development and validation of the peer counselor questionnaire." Presentation at the American Psychological Association Annual Meeting, 1979. (Unpublished)

Butler, R. Why survive: Being old in America. New York: Harper & Row, Publishers, 1975.

Butler, R. & Lewis, M. Aging and mental health: Positive psychosocial approaches. (2nd ed.) St. Louis: The C.V. Mosby Company, 1977.

Carkhuff, R. & Truax, C. Lay mental health counseling: The effectiveness of lay group counseling. Journal of Counseling Psychology, 1965, 29, 426-431.

Carkhuff, R. Helping and human relations, Vols I & II. New York: Holt, Rinehart, and Winston, 1969.

Cohen, G. Propsects for mental health and aging. In J. Birren and R. Sloane (eds.), Handbook of mental health and aging. New York: Prentice-Hall, Inc., 1980.

D'Augelli, A. & Danish, S. Evaluating training programs for paraprofessionals and nonprofessionals. Journal of Counseling Psychology, 1976, 23 (3),

Durlak, J. Myths concerning the nonprofessional therapist. Professional Psychology, 1973, 4 (3), 300-304.

Eisdorfer, C. & Golann, S. Principles for training new professionals in mental health. Community Mental Health Journal, 1969, 5, 349-357.

Fogelman, C. Practica and internships for student-counselors of the aging. In M. Ganikos (ed.) Counseling the aged: A training syllabus for educators. Washington, D.C.: American Personnel and Guidance Association, 1979.

Gallagher, D. Personal communication. 1980.

Gartner, A. & Riessman, F. The paraprofessional movement in perspective. Personnel and Guidance Journal, 1974, 53 (4), 253-256.

Gatz, M., Hurley, D., & Nagel, G. Community geropsychology: Issues of training and service. In W. Gentry (ed.) Geropsychology: A model of training and clinical service. Cambridge: Ballinger Publishing Company, 1977, 11-126.

Gatz, M. Smyer, M. & Lawton, M. The mental health system and the older adult. In L. Poon (ed.) Aging in the 1980's: Psychological issues. Washington, D.C.: American Psychological Association, 1980.

Garetz, C. "Structured counseling--Counseling by significant others." From Panel on Mental Health Services Needed by the Elderly. Briefing Report, Metropolitan Area Agency on Aging. Minneapolis, 1976. Unpublished manuscript.

Gazda, G., Asbury, R., Balzer, F., Childers, W., Desselle, R., and Walters, R. Human relations development: A manual for educators. Boston: Allyn & Bacon, 1973.

Gray, D. & Tindale, J. Peer counseling: An in depth look at training peer helpers. Muncie: Accelerated Development, Inc., 1978.

Ivey, A. & Authier, J. Microcounseling: Innovations in interviewing, counseling, psychotherapy, and psychoeducation. Springfield; Charles C. thomas, Publishers, 1978.

Kaufman, S. & Rogawski, G. Some problems of evaluation research in the training of new careerists. American Journal of Orthopsychiatry, 1972, 42 (2), 273.

Macione, A. Physiological changes and common health problems of aging. In M. Ganikos (ed.) Counseling the aged: A training syllabus for educators. Washington, D.C.: American Personnel and Guidance Association, 1979.

Morehouse D. Personal communication. 1981.

Patterson, R. Services for the aged in community mental health centers. American Journal of Psychiatry, 1976, 133 (3), 271-273.

Pearl, A. & Riessman, F. New Careers for the poor. New York: The Free Press, 1965.

Rioch, M., Elkes, C., Usdansky, B., Newman, R., & Silber, E. National Institute of Mental Health pilot study in training mental health counselors. American Journal of Orthopsychiatry, 1963, 33, 678-689.

Pressey, S. & Pressey, A. Major neglected need opportunity: Old age counseling. Journal of Counseling Psychology, 1972, 14 (5), 362-367.

Reiter, S., Waters, E., Weaver, A., & White, B. Personal growth for older adults: A manual for program replication. Rochester, Michigan: Continuum Center, Oakland University, 1979.

Schwarts, A., Pomeroy, L., Alpaugh, F., Hickey, E., & Berger, M. "Peer counselor training." Unpublished manuscript, Ethel Percy Andrus Gerontology Center, University of Southern California, 1976. Cited in Waters, et al, The role of Paraprofessional peer counselors in working with older people. In M. Ganikos (ed), Counseling the aged: A training syllabus for educators. Washington, D.C.: American Personnel & Guidance Association, 1979.

Schmidt, L. Issues in counseling older people. Educational Gerontology, 1976, 1, 187-192.

Scott, S. & Warner, R. Peer counseling. Personnel and Guidance Journal, 1974, 53 (3), 228-231.

Sinick, D. Adult development changes and counseling challenges. In M. Ganikos (ed.), Counseling the aged: A training syllabus for educators. Washington, D.C.: American Personnel and Guidance Association, 1979.

Strelow, A., Kleinbaum, J. and Buckley, K. Peer Counselor Training project: A final report. Minneapolis: University of Minnesota, 1981.

Waters, E., Fink, S., & White, B. Peer group counseling for older people. Educational Gerontology, 1976, 1, 157-170.

Waters, E. & Fink, S. Paraprofessional preventive mental health leadership 1973-1978: Final report to Experimental and Special Training Branch of NIMH. Rochester, Michigan:Continuum Center, Oakland University, 1978.

Waters, E. Reiter, S., White, B., & Dates, B. The role of paraprofessional peer counselors in working with older people. In M. Ganikos (ed.) Counseling the aged: A training syllabus for educators. Washington, D.C.: American Personnel and Guidance Association, 1979.

Wigfall, S., & Mace, A. A paraprofessional speaks to training issues. American Journal of Orthopsychiatry, 1972, 42 (2), 278-279.

Wolff, A. & Meyer, G. Counseling older adults: Suggested approaches. In M. Ganikos, (ed.) Counseling the aged: A training syllabus for educators. Washington, D.C.: American Personnel and Guidance Association, 1979.

APPENDICES

APPENDIX A

Appendix A

71
(For computer use)

(#_____)

SENIOR PARAPROFESSIONAL PEER COUNSELOR SURVEY FORM

Project Title_____

Director_____

Office Address_____

_____

Office Phone Number_____

Funding Source(s)_____

_____

Is the project currently active? ___ yes (1.____)
___ no (2.____)

What are (or were) the dates of the project? ___/___/___ to ___/___/___
mo day yr mo day yr

Please indicate who is trained by the project (check more than one, if it is appropriate):

___ seniors (55+years) as peer counselors (3.____)
___ younger adults as counselors of seniors (4.____)
___ supervisors of senior peer counselors (5.____)
___ others (please specify): (6.____)

_____

_____

Please indicate how senior peer counselors are selected (check more than one, if it is appropriate):

___ accept all who apply for training (7.____)
___ training project staff reviews and selects participants (8.____)
___ training project staff invites individual participants (9.____)
___ agency staff selects trainees from existing group of volunteers (10.____)
___ agency staff selects trainees from existing group of employees (11.____)
___ other means of selection (please indicate procedure): (12.____)

_____

_____

In this section, please circle the amount of emphasis the following themes are given in your training project:

General Counseling (helping older adults cope with life crises): (13.___)

1	2	3	4	5
strong emphasis		moderate emphasis		no emphasis

Loss of spouse: (14.___)

1	2	3	4	5
strong emphasis		moderate emphasis		no emphasis

Information and referral: (15.___)

1	2	3	4	5
strong emphasis		moderate emphasis		no emphasis

Consumer counseling: (16.___)

1	2	3	4	5
strong emphasis		moderate emphasis		no emphasis

Nutrition education: (17.___)

1	2	3	4	5
strong emphasis		moderate emphasis		no emphasis

Legal advocacy: (18.___)

1	2	3	4	5
strong emphasis		moderate emphasis		no emphasis

Health education: (19.___)

1	2	3	4	5
strong emphasis		moderate emphasis		no emphasis

Chemical dependency: (20.___)

1	2	3	4	5
strong emphasis		moderate emphasis		no emphasis

Other themes emphasized in your training project: (21.___)

_____

_____

In this section, please indicate the amount of emphasis the following skills receive in your training program:

Active listening: (22.____)

1	2	3	4	5
strong emphasis		moderate emphasis		no emphasis

Information and referral: (23.____)

1	2	3	4	5
strong emphasis		moderate emphasis		no emphasis

Advocacy: (24.____)

1	2	3	4	5
strong emphasis		moderate emphasis		no emphasis

Small group counseling: (25.____)

1	2	3	4	5
strong emphasis		moderate emphasis		no emphasis

One-to-one counseling: (26.____)

1	2	3	4	5
strong emphasis		moderate emphasis		no emphasis

Telephone counseling: (27.____)

1	2	3	4	5
strong emphasis		moderate emphasis		no emphasis

Assertiveness: (28.____)

1	2	3	4	5
strong emphasis		moderate emphasis		no emphasis

Problem identification: (29.____)

1	2	3	4	5
strong emphasis		moderate emphasis		no emphasis

Direct guidance (advice-giving) (30.____)

1	2	3	4	5
strong emphasis		moderate emphasis		no emphasis

Other skills taught in your training project: (31.____)

_____

_____

# # # # # # #

In this section, please indicate the amount of emphasis the following attitudes receive in your training project:

To value the worth and dignity of individuals: (32.____)

1	2	3	4	5
strong emphasis		moderate emphasis		no emphasis

To appreciate confidentiality: (33.____)

1	2	3	4	5
strong emphasis		moderate emphasis		no emphasis

To respect the client's right to make the final decision in counseling: (34.____)

1	2	3	4	5
strong emphasis		moderate emphasis		no emphasis

To appreciate the value of paraprofessional peer counselors: (35.____)

1	2	3	4	5
strong emphasis		moderate emphasis		no emphasis

To value the concept of teamwork in helping clients: (36.____)

1	2	3	4	5
strong emphasis		moderate emphasis		no emphasis

To appreciate the importance of caring in helping others: (37.____)

1	2	3	4	5
strong emphasis		moderate emphasis		no emphasis

To appreciate the amount of power a peer counselor has in a counseling relationship: (38.____)

1	2	3	4	5
strong emphasis		moderate emphasis		no emphasis

Other attitudes emphasized in your training project: (39.____)

_____

_____

# # # # # # #

Please estimate the percentage of time the following training methods and strategies are used in your training project (total should be 100%):

____	lectures	(40.____ ____)
____	assigned reading	(42.____ ____)
____	role-playing	(44.____ ____)
____	cable television	(46.____ ____)
____	written assignments	(48.____ ____)
____	practicum (supervised counseling)	(50.____ ____)
____	observing and modeling professional counselors	(52.____ ____)
____	observing and modeling peers	(54.____ ____)
____	small group discussions	(56.____ ____)
____	large group discussions	(58.____ ____)
____	audio-visual resources	(60.____ ____)
____	other (please specify):	(62.____ ____)
	_____	
	_____	
100%	Total	

Please indicate what settings peer counselors trained by your project are working in, either as volunteers or as paid employees. Please check all that apply:

____	churches	(64.____)
____	high rises	(65.____)
____	hospitals	(66.____)
____	private industry	(67.____)
____	social service agencies	(68.____)
____	long term care facilities	(69.____)
____	out-pateint medical facilities	(70.____)
____	chemical dependency treatment centers	(71.____)
____	crisis hotlines	(72.____)
____	other (please specify):	(73.____)

_____

_____

Please indicate how successful you feel that peer counselors trained in your program have been in extending mental health services to seniors: (74.____)

1	2	3	4	5
very successful		moderately successful		very unsuccessful

What have been the major difficulties your training project has encountered:

_____

_____

Please give the names and addresses of any other senior peer counselor training projects you are aware of:

_____

_____

_____

Please indicate if you would like to receive a copy of the summary of this survey:

____ yes
____ no

Thank you very much for your cooperation.

Appendix B

Appendix B

Continuing Education and Extension

UNIVERSITY OF MINNESOTA

Peer Counselor Training Project
Older Adult Program
Room 290
3300 University Avenue S.E.
Minneapolis, Minnesota 55414

(612) 376-2945

The use of senior peer counselors to extend mental health services to older adults is a concept that has developed and grown within the last few years. A number of programs using senior peer counselors have been established, or are in the process of being established. Little is known about what is included in these training programs.

As a part of the requirements for a Master's Degree in Adult Education, I plan to collect information about these programs, to find out what information, skills and attitudes are being taught senior peer counselors. I would appreciate it if you would take 15 to 20 minutes to fill out the enclosed survey form, and return it to me in the self-addressed, stamped envelope. All of the information will be kept confidential, and the results will be presented in a collective format. If you are interested in receiving a summary of the results, I would be pleased to provide you with one.

I really appreciate your cooperation. If you have any questions or concerns, please feel free to contact me.

Sincerely,

Ann C. Strelow
Acting Director

P. S. Would you please return the form by Friday, February 13? Thanks.

PROJECT IN COOPERATION WITH THE DEPARTMENT OF COMMUNITY PROGRAMS
AND THE DEPARTMENT OF EXTENSION COUNSELING

Appendix C

RE: Methodological Protocol # 1.

Dear Ms. Strelow:

Your Methodological Protocol Request for Approval was received in the Committee office on 1/29/81, and has been administratively approved on 2/5/81 as within the guidelines of the referenced Methodological Protocol.

I would like to remind you that it is the responsibility of the investigator to bring to the attention of the Committee any proposed change in the project or any emergent problems that will affect human subjects.

On behalf of the Committee, I wish you luck with your research.

Sincerely,

Anne Munro

Anne Munro
Executive Secretary to the
Committee on the Use of Human
Subjects in Research

Appendix D

Appendix D: List of Projects Included in the Study

Adult Counseling Center
Andrus Gerontology Center
University of Southern California
Los Angeles, California 90007

PEP, Peer Counseling for Elderly Persons
2125 Arizona Avenue
Santa Monica, California 90404

Peer Counseling
Jewish Home for the Aged
San Francisco, California

Geriatric Peer Counseling
1306 11th Avenue
Greeley, Colorado 80631

Senior Companion Program/Respite Services
1270 Queen Emma Street #502
Honolulu, Hawaii 96813

Training of Peer Counselors
2195 Ironwood Ct
Coeur d Alene, Idaho 83814

Model Gerontology Paraprofessional Training Program
Elgin Community College
1700 Spartan Drive
Elgin, Illinois 60120

P.O.S.E., Program of Outreach Services for the Elderly
401 E. Main Street
Richmond, Indiana 47374

LASA, Inc. (Legal Assistance for Senior Adults)
5311 Johnson Drive
Mission, Kansas 66205

Seniro Companion Program
Cooperative Extension Service
University of Maine at Orono
Orono, Maine 04469

Peer Group Counseling for Older People
Continuum Center
Oakland University
Rochester, Michigan 48063

Seniors as Peer Counselors
Older Adult Program
University of Minnesota
Minneapolis, Minnesota 55455

*Communications Skills for Volunteers, and
Widow to Widow Peer Counselors
901 P #224
Lincoln, Nebraska 68508

A Program to Educate Senior Citizens in Effective
Utilization of Elderly Support Programs
Department of Sociology
Saint Anselm College
Manchester, New Hampshire 03102

Senior Peer Counselor Training Program
Urban Health Institute
7 Glenwood Avenue
East Orange, New Jersey 07017

Peer Nutrition-Education Project
Vermont Office on Aging
Montpelier, Vermont 05602

**Widow to Widow Peer Counseling, and
Senior Telephone Hotline
Department of Gerontology
Virginia Commonwealth University
Richmond, Virginia 23235

*Reported as one project

**Reported as two projects